

IN-QDR1



Knights of Columbus INDIANA STATE COUNCIL

DUE BY: July 15

For: April, May, June

QUARTERLY DELINQUENT MEMBER REPORT

COUNCIL NUMBER _____ DISTRICT NUMBER _____

COUNCIL NAME _____

GRAND KNIGHT _____

FINANCIAL SECRETARY _____

DISTRICT DEPUTY _____

Number of members delinquent 90 days _____

Number of members delinquent 120 days _____

Number of members delinquent 150 days _____

Number of members delinquent 180 days _____

Number of members delinquent more than 180 days _____

Date submitted _____

Signed _____
(Retention Committee Chair)

Signed _____
(Member)

Signed _____
(Member)

Signed _____
(Member)

SUBMIT TO: State Retention Chairman
COPIES TO: District Deputy
Council Files

A fill-in version of this form is available online at
<http://indianakofc.org/forms/>